

## INSTRUCTIONS

**TO ATTEND PHYSICIAN OR HOSPITAL** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06510

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

6522

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (In this place) 2 Month	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	COUNTY Maryland Queen Anne's Queen Anne
3. NAME OF DECEASED (Type or Print) CHARLES EDGAR CANNON		4. DATE (Month) OF DEATH June 3 1956	
5. SEX Male	6. COLOR OR RAPE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 5-1869
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (a.m.) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 86 yrs.
13. FATHER'S NAME William Nutter Cannon		11. BIRTHPLACE (State or foreign country) Cecil Co Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, don't know) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 213-22-6231		14. MOTHER'S MAIDEN NAME Sara Setterfield	
17. INFORMANT & ADDRESS Mrs. Hill Anthony, Centerville Md.		18. MEDICAL CERTIFICATION Developing Left. Roids Arterio-Dilatation	
IMMEDIATE CAUSE 450a		INTERVAL BETWEEN ONSET AND DEATH 7 hours	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		DUE TO	
(B)		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3</u> , 1956, to <u>June 3</u> , 1956, that I last saw the deceased alive on <u>June 3</u> , 1956, and that death occurred at <u>212</u> M., from the causes and on the date stated above. SIGNATURE <u>H. J. McH. Jones</u> M.D. DATE SIGNED <u>June 4-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF June 5-56	
24. REC'D BY REGISTRAR DATE 6-4-56		NAME OF CEMETERY OR CREMATORIUM Greenwood	
REGISTRAR'S SIGNATURE Elvie Armstrong		LOCATION (City, town, or county) Cecil Co Maryland	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Armstrong		ADDRESS 212 M., Centerville, Maryland	

is used now. Development  
is used now.

— 100 —

invited  
Ministers

CHARLES EDGAR CANNON

28. Pictorial material used last

Miss Harriet B. Webb present (was) invited

Steppetral war immer wieder wieder

- self monitoring, problem with self error or self

BUREAU V

9561 8 N.

9591

~~most part scattered throughout the area, mixed with  
scrubby vegetation, and covered~~

## INSTRUCTIONS

TO ATTEND PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6523

## CERTIFICATE OF DEATH

06511

Reg. Dist. No. 251

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <b>Queen Anne's</b> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <b>Rural Church Hill home</b>		STATE <b>MARYLAND</b> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Church Hill</b> STREET ADDRESS <b>Rural</b>	
3. NAME OF DECEASED (First) <b>Philip Lee Holden</b> (Middle) <b>(Last)</b>		4. DATE (Month) <b>Jan</b> (Day) <b>30</b> (Year) <b>56</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct 17, 1953</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <b>9 mo yrs.</b>
10c. BIRTHPLACE (State or foreign country) <b>Maryland</b>		11. CITIZEN OF WHAT COUNTRY? <b>Am</b>	
13. FATHER'S NAME <b>Franklin Holden</b>		14. MOTHER'S MAIDEN NAME <b>Martha M Engrem</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT & ADDRESS <b>Church H. II Md</b>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>751X</b> IMMEDIATE CAUSE (A) <b>Increased Intracranial Pressure 2 weeks</b> ANTECEDENT CAUSE(S) DUE TO (B) <b>Hydrocephalic</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C) <b>Spina Bifida</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 mo</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19. DATE OF OPERATION <b>—</b> 19b. MAJOR FINDINGS OF OPERATION <b>—</b>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <b>—</b> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <b>—</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>		21c. WHERE DID INJURY OCCUR? (City or town) <b>—</b> (County) <b>—</b> (State) <b>—</b>	
21e. M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>	
22. I hereby certify that I attended the deceased from <b>Oct 17, 1953</b> to <b>Jan 30, 1956</b> that I last saw the deceased alive on <b>June 29, 1956</b> and that death occurred at <b>7:50 AM</b> from the causes and on the date stated above. SIGNATURE <b>Dr. L. L. Holden</b> DATE SIGNED <b>3-2-56</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>7/3/56</b> NAME OF CEMETERY OR CREMATORIAL <b>TEMPLEVILLE CEM. TEMPLEVILLE</b> LOCATION (City, town, or county) <b>MD</b> (State) <b>—</b>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <b>Edgar L. Lane</b> 25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Hellers, Milford</b> ADDRESS <b>—</b>	
DATE <b>7-2-56</b>		ADDRESS <b>—</b>	

THE GOVERNMENT OF THE UNITED STATES OF AMERICA - BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

100-1000000

DEPARTMENT OF JUSTICE - BUREAU OF INVESTIGATION

100-1000000

BUREAU OF INVESTIGATION

JUL 9 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial or removal.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

86512

Reg. Dist. No. 252

6524

1. PLACE OF DEATH a. COUNTY <b>QUEEN ANNE'S</b>	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Maryland</b>	b. COUNTY <b>Queen Anne's</b>
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Centerville</b>	c. LENGTH OF STAY IN 1b <b>all his life</b>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Centerville</b>	d. STREET ADDRESS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

3. NAME OF DECEASED (Type or print)	First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
<b>SAMUEL</b>	<b>CARLTON</b>	<b>Tom</b>		<b>June</b>	<b>11</b>	<b>-</b>	<b>1956</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 23-1909</b>	9. AGE in years last birthday <b>46 yrs.</b>	10. IF UNDER 1 YEAR Months <b>0</b>	11. IF UNDER 24 HRS. Days <b>0</b>	12. IF UNDER 24 HRS. Hours <b>0</b>	13. IF UNDER 24 HRS. Minutes <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>State Road Company</b>	11. BIRTHPLACE (State or foreign country) <b>W. Centerville Md</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13. FATHER'S NAME <b>William Barnes Jung</b>	14. MOTHER'S MAIDEN NAME <b>Elmera E. Johnson</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>412-10-1422</b>	17. INFORMANT <b>Paul Jung - Centerville Maryland</b>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Found dead in hotel room - he had</b>	
32.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <b>b) been drinking fell in corner of room on</b>	
DUE TO <b>c) his face &amp; asphyxiated -</b>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)

21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>
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ACTUAL SIGNATURE <b>W. Henry Fisher</b>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	DATE SIGNED <b>6/11-56</b>
EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		

22a. BURIAL, CREMATION, OR CRYONIC (Specify) <b>Burial</b>	22b. DATE THEREOF <b>June 13-56</b>	22c. NAME OF CEMETERY OR CREMATORIUM <b>Chesterfield</b>	22d. LOCATION (City, town, or county) <b>Centerville Maryland</b>
23. FUNERAL DIRECTOR'S SIGNATURE <b>Butch Burley Wm. Barnes Butch Centerville Md.</b>	ADDRESS <b>1344 W. Main Street</b>	24a. REC'D BY REGISTRAR <b>Elmer Armstrong</b>	24b. REGISTRAR'S SIGNATURE <b>Elmer Armstrong</b>
		DATE <b>6-13-56</b>	

VS. A15ME(5)  
5M 9/55

A34

BUREAU V. S.

9991 64-184

REGELY ED

Indress (dotted)

Wanted Dr. Elmer E. Smith  
all wanted to come to see him

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116513

6525

## CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH a. COUNTY Queen Annes		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville		c. LENGTH OF STAY IN 1b RURAL						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) ANNE B. MARSH		First	Middle					
4. DATE OF DEATH June 13, 1956	Last	Month	Day	Year				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH April 3, 1912	9. AGE (In years from birth) 44 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours	13. IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Benner		14. MOTHER'S MAIDEN NAME Sophia						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Charles E. Marsh, Centreville, Md.		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		Carcinoma of uterus & liver		INTERVAL BETWEEN ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceased from <u>Jan 5</u> , 1956, to <u>June 13</u> , 1956, that I last saw the deceased alive on <u>June 5</u> , 1956, and that death occurred at <u>M</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE W. Henry Fisher M.D. Centreville Md				DATE SIGNED 6/13/56				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF June 15, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Loudon Park Cemetery		22d. LOCATION (City, town, or county) Baltimore, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE W. J. T. & Sons Inc. Baltimore Md		ADDRESS		24a. REC'D BY REGISTRAR DATE 6-10-56		24b. REGISTRAR'S SIGNATURE Alice Armstrong		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4  
may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S

JUN 15 1956

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06514

6526

## CERTIFICATE OF DEATH

Reg. Dist. No. 953

1. PLACE OF DEATH a. COUNTY Queen Anne				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester		c. LENGTH OF STAY IN lb		b. COUNTY Queen Anne		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)		First Wilma	Middle Seward	Last Palmer	4. DATE OF DEATH June 20	Month June	Day 20	Year 1956				
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1877	9. AGE (In years lost birthday) 79 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	Hours 0	Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Samuel Seward				14. MOTHER'S MAIDEN NAME Mary Goldsborough								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. 220-34-767		17. INFORMANT Mrs. Hill Hoxter--Chester, Maryland		Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1				Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH June 20, 1956				
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause, if any. } (b) Hyperkinetic cardio-vascular disease				5 years								
DUE TO (c) Arteriosclerosis				10 years								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchial asthma attacks (allergic)				15 yrs				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 20.)										
20c. TIME OF INJURY Hour o. m. p. m.		Month 19	Day	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Stevensville	20f. (City or town) Stevensville	(County) Stevensville	(State) Md.				
21. I certify that I attended the deceased from <u>March 10, 1934</u> to <u>June 20, 1956</u> , that I last saw the deceased alive on <u>June 20, 1956</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) Stevensville				DATE SIGNED June 21, 1956				
ACTUAL SIGNATURE Theodor Sattelmair M.D.												
PHYSICIAN'S NAME (Type) Theodor SATTELMAIER												
22a. BURIAL, CREMATION, REMOVAL (Specify) Reburial		22b. DATE THEREOF June 22		22c. NAME OF CEMETERY OR CREMATORIUM Stevensville		22d. LOCATION (City, town, or county) Stevensville, Md.		(State)				
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane				ADDRESS Church Hill, Md.				24a. REC'D BY REGISTRAR June 22-54		24b. REGISTRAR'S SIGNATURE Elizabeth Hoxter		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4  
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be detached for use as the burial-trust permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU Y. 81

UN 25 1956

RECEIVED

## INSTRUCTIONS

**TO ATTEND**  **PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06515

## 6527 CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY TOWN (If rural give location)
Queen Anne's Rehoboth	5 yrs -	Maryland Seaford	Queen Anne's Seaford
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) JOHN McFEELEY		(Month) June 18 (Day) 1956 (Year)	
5. SEX M	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH April 25-1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) Queen Anne's Co Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert H Perry	14. MOTHER'S MAIDEN NAME Mary E Bixby		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS Mr Hugh Perry Centreville Md	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Acute Malaria		INTERVAL BETWEEN ONSET AND DEATH one week	
ANTECEDENT CAUSE(S) DUE TO (B) acute congestive heart failure		1 or days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Arteriosclerosis general		10 years	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. adenoma benign of prostate - prostatitis, abn		1950	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>to</i>
22. I hereby certify that I attended the deceased from <i>March 10-52</i> to <i>June 18, 1956</i> that I last saw the deceased alive on <i>June 18, 1956</i> , and that death occurred at <i>3rd St</i> M. from the causes and on the date stated above.			
SIGNATURE <i>Theodor Settelmaier</i>		ADDRESS <i>Stevensville</i> DATE SIGNED <i>June 19, 1956</i>	
23. BURIAL, CREMATION, REMOVAL SPECIALLY <i>Burial</i>	DATE THEREOF <i>June 21-56</i>	NAME OF CEMETERY OR CREMATORIUM <i>Chestertown</i>	LOCATION (City, town, or county) <i>Centreville Maryland</i> (State)
24. REC'D BY REGISTRAR <i>Helen M. Aldridge</i>	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE <i>John B. Aldridge</i> ADDRESS <i>Wharf Street - Centreville Md.</i>	
DATE <i>June 21-56</i>			

STATE OF DELAWARE  
DEPARTMENT OF STATE - ATTORNEY GENERAL

CERTIFICATE OF DEATH

RECEIVED  
DEPARTMENT OF STATE - ATTORNEY GENERAL  
JUN 25 1956

27 81 yrs from 1956  
88 181-15 died June 11 1956 M.  
ALV M. G. G. (G. G. G.) died June 11 1956  
in Hospital of Newark  
in Newark, NJ

BUREAU V. S.

JUN 25 1956

RECEIVED

RECEIVED  
DEPARTMENT OF STATE - ATTORNEY GENERAL  
JUN 25 1956

66516

**MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18**  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist. No.

251

6528 Item 12, Film G199 7-3-56 et

**TO DEPUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Form PM3. Page 5 may be retained for your files.

**TO FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(5)  
 5M 9/55

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE	
Queen Anne MARYLAND		Md Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel R T 6		b. COUNTY	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marydel R T 6	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First	Middle
Frank		Thos	la
4. DATE OF DEATH		Month	Day
June 22			19 56
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Sept 3-1901
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.
54 yrs.		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Laborer		Farm & Mill	Somewhere
12. CITIZEN OF WHAT COUNTRY?		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Don't know		Don't know	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 17. INFORMANT	
No		087-10-9706 John Palmer - Marydel R T 6 M	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Found dead in Rye field had been out 434.3		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) as drunk 3 days - last seen alive Thursday night	
DUE TO (c) Endlessly a heart condition			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour e. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
19			
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
DATE SIGNED 6/23-56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/27/1956	22c. NAME OF CEMETERY OR CREMATORIAL Millington Cem.
22d. LOCATION (City, town, or county) Md			
23. FUNERAL DIRECTOR'S SIGNATURE Edward Pellow Millington Md		24a. REC'D BY REGISTRAR DATE 29 1956	24b. REGISTRAR'S SIGNATURE Edgar L. Lang

WISCONSIN STATE GOVERNMENT OF HOMELAND DEFENSE  
MEDICAL & NURSING CORPS OF IOWA

BUREAU V. S.

JUN 29 1956

REGISTRATION